



**Indiana Supreme Court  
Division of State Court Administration  
Adult Guardianship Office**

**2015-2016 VASIA MATCHING GRANT APPLICATION FOR NEW PROGRAMS  
REQUIRED DOCUMENTS CHECKLIST**

In order to expedite the grant review and fund distribution process, please submit the documents in the following order to the Indiana Supreme Court Adult Guardianship Office post-marked by Wednesday, December 30, 2015 so that we can review your eligibility to receive Supreme Court Adult Guardianship Office matching grant funds. Please make certain that all documents are included, and presented in the following order before submitting your grant application packet. All documents must be mailed since original signatures are required. Please do not fax or email the documents to our office as we do not need multiple copies. Faxed or emailed copies will not be accepted. Instructions to assist you in completing the application form are enclosed.

- ☐ **This Checklist Page** (Signed by the Program Representative)
- ☐ **Matching Grant Application Form with Attached Narrative** (Signed by the Judge(s) and Program Representative)
- ☐ **Completed 2015-2016 Proposed Budget Form** (You must use the enclosed form—please do not create one of your own. Please be sure to include your program name on your budget form, and only use an “additional personnel” page if necessary)
- ☐ **Documentation of Local Match** (As outlined in paragraphs 6 and 8 of the grant application)
- ☐ **Memorandum of Understanding with the local trial Court**

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Name of Prospective Program

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Printed Name of Program Representative

I have read the above checklist, and have enclosed all of the required documents in this grant application packet.

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Signature of Program Representative



**Indiana Supreme Court  
Division of State Court Administration  
Adult Guardianship Office**

30 South Meridian Street; Suite 500    Phone: 800.542.0813  
Indianapolis, IN 46204-3417        Fax: 317.233.6586

**INSTRUCTIONS FOR COMPLETING  
THE 2015-2016 SUPREME COURT ADULT GUARDIANSHIP OFFICE  
MATCHING GRANT APPLICATION FOR NEW PROGRAMS**

1. **COUNTY**-The name of the county or counties for which you are applying for matching grant funds should be listed here.
2. **SUPERVISING JUDGE/COURT**-Please supply the name of the primary judge who hears GU cases in each county your program is seeking to serve.
3. **PROGRAM NAME AND ADDRESS**-Please submit the full physical mailing address for your prospective program. We prefer to have the physical address, rather than a P.O. Box.
4. **PROGRAM REPRESENTATIVE**-List the name of the person who is completing the grant application.
5. **CERTIFICATION**-If your prospective program is going to be staffed by at least one person who is certified as a National Certified Guardian (as certified by the Center for Guardianship Certification, National Guardianship Association), indicate this by marking YES on the application. If your program is not yet employing a National Certified Guardian, or you are planning on starting a volunteer program in 2015, please indicate this by marking NO on the application. Regardless of the program's employees' or volunteers' certification status, your application should be completed as much as possible, and returned to the State Office postmarked no later than December 30, 2015.
6. **MONEY AVAILABLE FOR YOUR PROGRAM'S MATCH FOR 2015**-This is the amount of matching funds you have available to match grant funds from the Supreme Court. The match may be in the form of county funds, or other local county resources, and in-kind services. Each program must match at least 50% of the amount requested (of which half of the match may be in the form of in-kind services). So, for example, if your agency desired a grant of \$20,000, you would need to have at least \$5,000 in county cash and up to \$5,000 in in-kind services to match the grant amount. This year, new and developing VASIA programs can request up to \$38,500. .
7. **NARRATIVE REQUIREMENT**-Please attach additional paper to the application, and completely answer each question in the format listed on the application. For example:

7a. "The funds provided by this grant, along with the match, will allow our program to increase the number of volunteers, and the number of seniors or incapacitated adults served by..."

7b. "In response to the question as to whether the funds being received will enable our program to provide a volunteer for every senior or incapacitated adult ...etc."

Please follow this format, labeling, and responding to each question as it appears on the application. Following this format will expedite the grant review process of all the grant applications. Please respond in complete sentences and provide all of the information requested on the application.

## **8. OTHER ATTACHMENTS**

**8a. 2015-2016 Proposed Budget Form.** Please use the form included in the grant application packet and do not submit a different form of your own. A common error made by matching grant applicants is that the budget submitted is not *at least* the amount of the grant offered *and* the local match.

**8b. Documentation of local cash match, and 8c., Documentation of in-kind contribution.** Please attach a letter confirming the amount, and source, of the local cash match for your VASIA program. If you are using county funds towards the match, please provide a letter, signed by your county auditor, confirming that the county has allocated the required matching grant funds for the VASIA Program. Additionally, if you need to provide documentation of any in-kind services, please include a letter, on your program's letterhead, with the ratio, value of, and type of in-kind contribution that your program, or the court, is providing to meet the match requirement.

**8d. Memorandum of Understanding with the Court.** A sample MOU has been included in the grant application packet that can be used as guide to create an MOU with the court with appropriate probate jurisdiction to fit your local situation. Please attach an MOU between your program and the court that outlines the duties and responsibilities of each party and includes the signatures of the Program Representative and Judge(s).



**2015-2016 APPLICATION FOR SUPREME COURT  
ADULT GUARDIANSHIP OFFICE MATCHING FUNDS**

**Indiana Supreme Court  
Division of State Court Administration  
Adult Guardianship Office**

30 South Meridian Street; Suite 500 Phone: 800.542.0813  
Indianapolis, IN 46204-3417 Fax: 317.233.6586

1. County/Countries: \_\_\_\_\_

2. Judge(s)/Court(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

3. Program Name: \_\_\_\_\_

Address of the  
Program:

\_\_\_\_\_

\_\_\_\_\_

4. Program Representative: \_\_\_\_\_

5. Is your program going to be staffed by at least one National Certified Guardian (as certified by the Center for Guardianship Certification)? If yes, please identify that person or those people:

\_\_\_\_\_yes \_\_\_\_\_no

**Name(s) of certified staff member(s):** \_\_\_\_\_

**Date(s) of certification:** \_\_\_\_\_

6. Amount of Local Match available for your program for 2015:

\$\_\_\_\_\_ (fill in amount)

## 7. NARRATIVE REQUIREMENT

Please answer the following narrative questions that will help us to determine your eligibility to receive these grant funds. **Please attach a separate piece of paper with your responses, and list your responses by their corresponding letter as listed below.**

- a. How will these grant funds be used to increase the number of volunteer advocates and the number of seniors and incapacitated adults being served in your county/each county your program serves?
- b. Will the funds that you receive this year enable you to provide a volunteer advocate for every senior or incapacitated adult in every Adult GU case in your county/each county your program serves? If not, why not? Please explain what you would need to be able to serve all the seniors and incapacitated adults in your county/each county your program serves, and include specifics such as the number of volunteers, staff, additional funding, and other resources needed in order to do so.
- c. How many adult guardianship cases does your program expect to serve in the first year of this grant? How many volunteer advocates does your program expect to recruit, train, and support in the first year of this grant?
- d. Will your program use a case management system? (i.e., Excel, etc.) If so, what case management system will your program use to track guardianship cases?
- e. Describe your program's recruitment, screening, and training strategy for the volunteer advocates. Identify who will be responsible for their supervision and how adult volunteer advocates are supervised.
- f. Describe how your program will comply with IC 29-3-8.5-12 in order to avoid a conflict of interest. What policies and procedures are in place? Please attach copies of your policies and procedures.
- g. Describe in detail what services your program's adult volunteer advocates will provide to seniors and incapacitated adults. Will they act as health care representatives? Representative payees? Please describe any and all such activities.
- h. Describe your program's system for providing continuing education for volunteer advocates in order to ensure they remain in compliance with the Model Code of Ethics for Guardians and NGA Standards of Practice for Guardians.
- i. Describe your program's system for providing continuing education for staff in order to ensure they remain in compliance with the Model Code of Ethics for Guardians and NGA Standards of Practice for Guardians.

- j. Describe your program's system for compliance with the NGA Standards for Agencies and Programs Providing Guardianship Services.
- k. Will your program offer guardianship services for the person, for the estate, or for both the person and the estate?
- l. Explain whether your program duplicates or overlaps with any existing guardianship services offered by other programs or agencies, including other corporate or non-profit guardianship programs, in each county you serve.
- m. Will the court with probate jurisdiction in your county contract with or appoint any other agencies or programs, besides yours, to supply these adult guardianship services to incapacitated adults or seniors who are indigent or who have no family members who are able to provide the services?

**8. OTHER ATTACHMENTS**

- a. Your 2015-2016 proposed budget (on the form provided).
- b. Documentation of local county cash match.
- c. Documentation of local in-kind contribution.
- d. Memorandum of Understanding with the local trial Court (signed by Program Director/Coordinator and Judge(s)).

***By signing below, I hereby affirm and certify that this county has a volunteer adult guardianship program under I.C. 29-3-8.5-1, et. seq. and that these funds and the required matching funds provided to the court with appropriate jurisdiction will be used solely for the operation of the volunteer adult guardianship program to serve seniors and incapacitated adults.***

\_\_\_\_\_  
Printed Name of Judge(s)

\_\_\_\_\_  
Signature of Judge(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Representative's Printed Name

\_\_\_\_\_  
Program Representative's Signature

\_\_\_\_\_  
Date

**Mail Application to:**

**Erica Costello  
Indiana Supreme Court  
Division of State Court Administration  
Adult Guardianship Program  
30 South Meridian, Suite 500  
Indianapolis, IN 46204**

**DEADLINE:**

**Applications must be postmarked  
by Wednesday, December 30, 2015.**

***\*Original Signature Required/Do Not Fax or Email This Document***